

09/360,685

BEST AVAILABLE COPY

ISSUE STATEMENT (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|--------|
| FEE DETERMINATION | J.L. | | 8/2/89 |
| O.I.P.E. CLASSIFIER | | | 8-5-99 |
| FORMALITY REVIEW | | 4624 | 8-18 |

INDEX OF CLAIMS

✓ Rejected
 " Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

Index of Claims

Application No.

Applicant(s)

Examiner

Art Unit

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|---|----------|
| ✓ | Rejected |
| = | Allowed |

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| — | (Through numeral) Cancelled |
| + | Restricted |

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|---|----------|
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| Claim | | Date | | | | | | | | | | | |
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